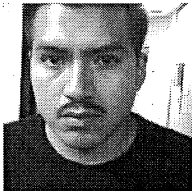


Family Name (CAPS) RAMIREZ-SANCHEZ, PEDRO		First	Middle
Country of Citizenship MEXICO	Passport Number and Country of Issue	File Number CASE No: [REDACTED] A098 957 897	
U.S. Address			
Date, Place, Time, and Manner of Last Entry 08/25/2005, 0536 mile(s) of OTM		Passenger Boarded at	
Number, Street, City, Province (State) and Country of Permanent Residence MEXICO			
Date of Birth 01/20/1978	Age: 27	Date of Action 08/25/2005	Location Code
City, Province (State) and Country of Birth MEXICO	AR <input checked="" type="checkbox"/>	Form : (Type and No.) Lifted <input type="checkbox"/> Not Lifted <input type="checkbox"/>	
NIV Issuing Post and NIV Number	Social Security Account Name		
Date Visa Issued	Social Security Number		
Immigration Record NEGATIVE		Criminal Record None Known	
Name, Address, and Nationality of Spouse (Maiden Name, if Appropriate)			Number and Nationality of Minor Children
Father's Name, Nationality, and Address, if Known		Mother's Present and Maiden Names, Nationality, and Address, if Known	
Monies Due/Property in U.S. Not in Immediate Possession None Claimed	Fingerprinted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Systems Checks	Charge Code Words(s) I7A1
Name and Address of (Last)(Current) U.S. Employer	Type of Employment	Salary Hr	Employed from/to
Narrative (Outline particulars under which alien was located/apprehended. Include details not shown above regarding time, place and manner of last entry, attempted entry, or any other entry, and elements which establish administrative and/or criminal violation. Indicate means and route of travel to interior.) FINS #: 902539408			
			
ARREST COORDINATES: -----			
Alien has been advised of communication privileges		(Date/Initials) _____ (Signature and Title of Immigration Officer) _____ [REDACTED] CBP OFFICER	
Distribution:		Received: (Subject and Documents) (Report of Interview) Officer: [REDACTED] on: August 25, 2005 at 1050 (time) Disposition: Expedited Removal (I-860) Examining Officer: [REDACTED]	

Alien's Name RAMIREZ-SANCHEZ, PEDRO	File Number A098 957 897 Event No: (b)(7)(E)	Date 08/25/2005
<p>NARRATIVE:</p> <p>-----</p> <p>On August 25, 2005, Pedro RAMIREZ-Sanchez attempted to elude inspection and gain admission into the United States from Mexico through the vehicle primary lanes of the Otay Mesa Port of Entry, California by concealing himself inside a van. The primary officer, while conducting a primary inspection discovered RAMIREZR and referred the vehicle along with its occupants into the secondary area for further inspection. While in secondary, RAMIREZR was removed from the vehicle. RAMIREZR freely and voluntarily admitted to his true name and was subsequently turned over to the Otay Mesa Port Enforcement Team for further disposition.</p> <p>During an oral interview and sworn statement, RAMIREZR freely and willingly admitted the following: RAMIREZR admitted to being a citizen and national of Mexico by birth in Morelos, Mexico. RAMIREZR admitted not possessing the proper documentation to either enter into, pass through or remain in the United States. RAMIREZR admitted that he was en route to Los Angeles, CA where he was to seek employment. RAMIREZR admitted that his friend was to pay an unknown amount of money after he made it across the border.</p> <p>DISPOSITION: Pedro RAMIREZ-Sanchez is inadmissible to the United States pursuant to section 212(a)(7)(A)(i)(I) of the INA, as amended. RAMIREZR was served with an I-860 (Notice and Order of Expedited Removal), and was removed from the United States.</p>		
Signature (b)(6), (b)(7)(C)	Title CBP OFFICER	



Notice of Entry of Appearance
as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 03/31/2018

Part 1. Information About Attorney or
Accredited Representative

1. USCIS ELIS Account Number (if any)



Name and Address of Attorney or Accredited
Representative

2.a. Family Name
(Last Name)

BOVE

2.b. Given Name
(First Name)

Kevin

2.c. Middle Name

A

3.a. Street Number
and Name

117 North Broadway

3.b. Apt. ☐ Ste. ☐ Flr. ☐

3.c. City or Town

Escondido

3.d. State

CA

3.e. ZIP Code

92025

3.f. Province

3.g. Postal Code

3.h. Country

USA

4. Daytime Telephone Number

7607381800

5. Fax Number

7607352929

6. E-Mail Address (if any)

KevinBoveEsq@gmail.com

7. Mobile Telephone Number (if any)

Part 2. Notice of Appearance as Attorney or
Accredited Representative

This appearance relates to immigration matters before
(Select only one box):

1.a. ☐ USCIS

1.b. List the form numbers

2.a. ☐ ICE

2.b. List the specific matter in which appearance is entered

3.a. ☒ CBP

3.b. List the specific matter in which appearance is entered

FOIA Request

I enter my appearance as attorney or accredited representative at
the request of:

4. Select only one box:

☐ Applicant ☐ Petitioner ☒ Requestor

☐ Respondent (ICE, CBP)

Information About Applicant, Petitioner,
Requestor, or Respondent

5.a. Family Name
(Last Name)

Torres Romero

5.b. Given Name
(First Name)

Adan

5.c. Middle Name

6. Name of Company or Organization (if applicable)

Part 2. Notice of Appearance as Attorney or Accredited Representative (continued)

Information About Applicant, Petitioner, Requestor, or Respondent (continued)

7. USCIS ELIS Account Number (if any)

▶

8. Alien Registration Number (A-Number) or Receipt Number

9. Daytime Telephone Number

6199056956

10. Mobile Telephone Number (if any)

11. E-Mail Address (if any)

Mailing Address of Applicant, Petitioner, Requestor, or Respondent

NOTE: Provide the mailing address of the applicant, petitioner, requestor, or respondent. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application, petition, or request being filed with this Form G-28.

12.a. Street Number and Name

12.b. Apt. ☐ Ste. ☐ Flr. ☐

12.c. City or Town

12.d. State 12.e. ZIP Code

12.f. Province

12.g. Postal Code

12.h. Country

Part 3. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. (If you need additional space, use Part 6.)

Licensing Authority

1.b. Bar Number (if applicable)

1.c. Name of Law Firm

1.d. I (choose one) ☒ am not ☐ am

subject to any order of any court or administrative agency disbarring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. If you are subject to any orders, explain in the space below. (If you need additional space, use Part 6.)

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals, in accordance with 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.

2.b. Name of Recognized Organization

2.c. Date accreditation expires

(mm/dd/yyyy) ▶

Part 3. Eligibility Information for Attorney or Accredited Representative *(continued)*

3. ☐ I am associated with

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request.

NOTE: If you select this item, also complete **Item Numbers 1.a. - 1.b. or Item Numbers 2.a. - 2.c. in Part 3.** *(whichever is appropriate).*

- 4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2)(iv).

- 4.b. Name of Law Student or Law Graduate

Part 4. Applicant, Petitioner, Requestor, or Respondent Consent to Representation, Contact Information, and Signature

Consent to Representation and Release of Information

1. I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and DHS policy, I also consent to the disclosure to the named attorney or accredited representative of any record pertaining to me that appears in any system of records of USCIS, ICE or CBP.

When you (the applicant, petitioner, requestor, or respondent) are represented, DHS will send notices to both you and your attorney or accredited representative either through mail or electronic delivery.

DHS will also send the Form I-94, Arrival Departure Record, to you **unless** you select **Item Number 2.a. in Part 4.** All secure identity documents and Travel Documents will be sent to you (the applicant, petitioner, requestor, or respondent) at your U.S. mailing address **unless** you ask us to send your secure identity documents to your attorney of record or accredited representative.

If you do not want to receive original notices or secure identity documents directly, but would rather have such notices and documents sent to your attorney of record or accredited representative, please select **all applicable** boxes below:

- 2.a. ☒ I request DHS send any notice (including Form I-94) on an application, petition, or request to the U.S. business address of my attorney of record or accredited representative as listed in this form. I understand that I may change this election at any future date through written notice to DHS.
- 2.b. ☒ I request that DHS send any secure identity document, such as a Permanent Resident Card, Employment Authorization Document, or Travel Document, that I am approved to receive and authorized to possess, to the U.S. business address of my attorney of record or accredited representative as listed in this form or to a designated military or diplomatic address for pickup in a foreign country (if permitted). I consent to having my secure identity document sent to my attorney of record or accredited representative's U.S. business address and understand that I may request, at any future date and through written notice to DHS, that DHS send any secure identity document to me directly.

- 3.a. Signature of Applicant, Petitioner, Requestor, or Respondent

➔

- 3.b. Date of Signature (mm/dd/yyyy) ➤

07/16/2018

Part 5. Signature of Attorney or Accredited Representative

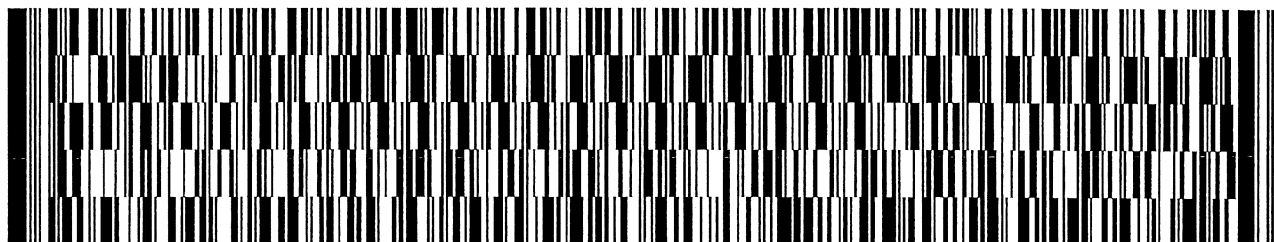
I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. Signature of Attorney or Accredited Representative

2. Signature of Law Student or Law Graduate

3. Date of Signature (mm/dd/yyyy) ➤

07/16/2018



Use the space provided below to provide additional information pertaining to **Part 3., Item Numbers 1.a. - 1.d.** or to provide your U.S. business address for purposes of receiving secure identity documents for your client (if your client has consented to your receipt of such documents under **Part 4.**)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.